



STATE OF DELAWARE

GOVERNOR'S MAGISTRATE SCREENING COMMITTEE

JUSTICE OF THE PEACE QUESTIONNAIRE

Please type or print clearly in black ink.

1. Full Name:

2. Office Address:

3. Home Address: _____ County: _____

4. Birthplace: _____

5. Birthdate: _____

6. Are you registered to vote in Delaware? Yes _____ No _____

7. Marital Status: _____

8. If married, spouse's full name (including maiden name where appropriate): _____

9. Children's full names and ages:

—

10. All places of residence (city/State) and approximate dates for past ten years: _____

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—

11. All schools attended, dates, degrees:

—

—

12. Professional admissions and
dates: _____

— _____

13. Present business or professional partners, associates or employers with dates: _____

— _____

14. Public offices held and dates:

— _____

15. Professional organizations, including offices held:

— _____

16. Civic organizations, including offices held:

— _____

— _____

— _____

17. Vocational interests and hobbies:

— _____

— _____

18. Have you undergone treatment for emotional illness, addiction to drugs or alcohol within the past two
years? Yes _____ No _____ If yes, state dates and treatment facilities:

— _____

— _____

— _____

19. Do you have any business interests or commitments which would conflict with your position as Justice of
the Peace? Yes _____ No _____ If yes, please state details: _____

— _____

— _____

— _____

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20. Have you ever been charged with driving under the influence of alcohol or any misdemeanor or felony other

than a minor traffic offense? Yes _____ No _____ If yes, please describe: _____

—
—
How was it resolved?

21. Have you ever been party to a lawsuit? Yes _____ No _____ If yes, please give details:

—
—
22. Have you ever filed for bankruptcy? Yes _____ No _____ If yes, when:

23. To your knowledge, are there any circumstances in your professional or personal life which would create questions as to your qualifications to serve in the judicial position involved or interfere with your ability to serve? Yes _____ No _____ If yes, please give details: _____

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—
24. Are you aware that this is a full-time job (40 hours minimum per week) with three different shifts, 24 hours per day, and that work on weekends and holidays will be necessary? Yes _____ No _____

25. Are you aware that the annual salary for this position is \$67,687 without cost of living increases or reimbursement for expenses, and that some travel within your county will be necessary? Yes _____ No _____

26. Are you aware that the first term of Magistrate is for four years and, if appointed, you would be expected to serve for that term? Yes _____ No _____

27. Do you have a Delaware driver's license? Yes _____ No _____ If yes, please provide number: _____

28. Are any of your spouses, former spouses, children, parents, brothers or sisters currently employed in the Delaware court system? Yes _____ No _____ If yes, state name, relationship and position held:

—

—
—
29. Have you previously applied for the position of Justice of the Peace in Delaware? Yes_____ No_____

If yes, what was the result of that application? _____
—
—

(Read the following information carefully before signing the statement.)

Submission of this questionnaire expresses my willingness to accept appointment to be a Justice of the Peace if tendered by the Governor.

I affirm that this application contains no willful misrepresentation or falsifications and that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentations or falsifications, my application will be rejected and my name removed from the roster of eligibles.

MEDICAL WAIVER AND CONSENT

The undersigned applicant hereby waives the physician-patient privilege of confidentiality, does hereby consent that the Governor's Magistrate Screening Committee may examine and copy any and all medical records bearing upon his/her present state of health in the custody of any physician or health care agency, and hereby authorizes the Governor's Magistrate Screening Committee to obtain from the applicant's physician(s), a full report of the applicant's present physical condition, and further authorizes said physician(s) to prepare and release such report to the Committee.

APPLICANT
SIGNATURE: _____ DATE: _____

AFFADAVIT:

STATE OF _____)
COUNTY OF _____) SS

The undersigned, upon oath, deposes and states as follows: that he/she is the person whose signature appears hereinabove on the instrument entitled MEDICAL WAIVER AND CONSENT; that he/she has read the same and is aware of the content thereof; that the same is true and correct according to the best knowledge and belief of the undersigned; and that he/she executed the same freely and voluntarily.

APPLICANT
SIGNATURE: _____ DATE: _____

Subscribed and sworn to before me this _____ day of _____ 20____.

NOTARY PUBLIC

LAW ENFORCEMENT, PROFESSIONAL DISCIPLINARY BODIES, JUDICIAL DISCIPLINARY BODIES

APPLICANT SIGNATURE:

DATE: _____

STATE OF _____)
) SS
COUNTY OF _____)

APPLICANT

SIGNATURE: _____ DATE: _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

NOTARY PUBLIC

NOTARY PUBLIC

